

**Arkansas Board of Registration
For Professional Engineers & Land Surveyors**
PO Box 3750
Little Rock, AR 72203-3750
Telephone: 501-682-2824 Fax: 501-682-2827
www.arkansas.gov/pels

**2010 - 2011 Renewal Notice for Professional Surveyor with
Odd Numbered License**

Name: _____ Lic #: _____
Address: _____
City: _____ State: _____ Zip: _____

Current Firm: _____
If this Firm offers surveying and/or engineering services in Arkansas, the
Firm must have a Certificate of Authorization (COA).

Preferred Mailing Address

☐ Same as above (with zip +4)

☐ Change to: _____

Daytime phone: _____ Fax: _____
Email address: _____

Board Use Only

Date Rec'd: _____

CA/MO/CC/TC/CS CK/PC # _____

\$60.00

\$90.00

\$120.00

YOUR LICENSE EXPIRES ON JUNE 30, 2009

Professional Surveyor Renewal Fee:

\$60.00 – if postmarked prior to June 30, 2009

You must complete this form and return with
payment postmarked to PE & PLS Fund no later
than June 30, 2009. Please write your license
number on your check or money order.

Professional Surveyor REINSTATEMENT Fees:

\$90.00 – July 1, 2009 to Aug. 31, 2009

\$120.00 – After September 1, 2009

Please visit the online roster on our website to
review the status of your renewal. As renewals are
processed the renewal year will change to "2011".
You may also verify your company information and
mailing address.

**!! NOTICE !! YOU CAN NOW RENEW BY CREDIT CARD* ON-LINE AT OUR WEBSITE, WWW.ARKANSAS.GOV/PELS,
24 HOURS A DAY, 7 DAYS A WEEK. ADVANTAGES TO RENEWING ON-LINE - IMMEDIATE CONFIRMATION AND
RECEIPT, THE ABILITY TO PRINT YOUR OWN POCKET CARD, NO CONCERN ABOUT INCORRECT FEES, TIME
SAVER, PAPERLESS UPDATING OF CONTACT INFORMATION, AND THE ONLINE ROSTER IS USUALLY UPDATED
WITHIN 24 HOURS. *A SMALL TRANSACTION FEE IS REQUIRED.**

Certification/Affirmation of Eligibility for Licensure Renewal – I hereby enclose my payment for the renewal fee and certify that: The
information contained herein is true and correct. I have met all the requirements for licensure renewal set forth by the State of Arkansas A.C.A. 17-
48-101 et seq. and Rules of the Board, and I agree to abide by the Rules of Professional Conduct. I understand that I may be audited and if
audited, I will be required to submit supporting documentation. I understand that failure to comply with such requirements, or any false statements
made on this document, is a cause for disciplinary action. Please complete one of the four (4) following options:

- ☐ **I earned _____ (enter hours to the nearest 0.5) Professional Development Hours (PDH) between May 1, 2008 and June 30, 2009.** The PDH requirement is 15 per year (combination of carryover/new hours). Your carryover may be viewed as a result of an
Online Roster Search (at www.arkansas.gov/pels) for your license number and type. For further information regarding PDH
requirements or determination of credit please visit Article 20 of the Board's Rules.
- ☐ **I qualify for an exemption from PDH based upon (please check one & INCLUDE APPROPRIATE FEES):**
- ☐ New Registrant/Licensee since May 1, 2008. OPTIONAL I earned _____ (enter hours to the nearest 0.5) Professional
Development Hours (PDH) between May 1, 2008 and June 30, 2009.
 - ☐ Requesting, or continuing in, an Inactive Status
 - ☐ Out of the Country or on temporary active military duty for 120 consecutive days between July 1, 2008 and June 30, 2009
 - ☐ Requesting, or continuing in, an Exempt Status (I was born before July 1, 1949 **OR** I registered as a PS before July 1, 1989)
- ☐ **Comity/Out-of-Jurisdiction Registrant** – I am licensed in a state where I have met their mandatory Professional Competency
requirement of at least 15 PDH per year (select a state: AL AK ID IA KS MT NC ND NE NH NM NV OH OK OR SC SD TN WV WY),
- ☐ **I do not wish to renew my Arkansas License.** I am returning this form without renewal fee and request removal of my name from
your active files.

Printed Name _____

*SSN# _____ -- _____ -- _____

Signature _____ PS # _____ Date _____

*According to Arkansas Law, and for the purpose of administering the State Child Support Program, you must provide your current social
security number (only if it has changed since June 1, 2008).